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## BIB DATA SHEET

CONFIRMATION NO. 8552

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/532,039	09/22/2005 RULE	514	4121	P0093AUTL00
<b>APPLICANTS</b> Clifford J. Steer, St Paul, MN; Walter C. Low, Shorewood, MN; Cecilia M.P. Rodrigues, Lisbon, PORTUGAL; Zhenhong Nan, St. Paul, MN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/31989 10/08/2003 which claims benefit of 60/425,210 11/07/2002 and claims benefit of 60/451,615 03/03/2003 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/06/2006				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SARA E CLARK/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> UNIVERSITY OF MINNESOTA OFFICE OF THE GENERAL COUNSEL 360 MCNAMARA 200 OAK STREET SE MINNEAPOLIS, MN 55455 UNITED STATES				
<b>TITLE</b> Methods of treating injuries of the nervous system associated with hemorrhage				
<b>FILING FEE RECEIVED</b> 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	